

**SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:**

**Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

**APPLICATION FOR PERMIT**  
**BAYFIELD COUNTY, WISCONSIN**

Date Stamp (Received)

Permit #:	10-0610
Date:	7-25-10
Amount Paid:	\$75.00 PDS
Refund:	7/15/12

**INSTRUCTIONS:** No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

**HOW DO I FILL OUT THIS APPLICATION (visit our website [www.hayfieldcounty.org/zoning.asp](http://www.hayfieldcounty.org/zoning.asp))**

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Glenn or Diane Berweger				Mailing Address:		Telephone:	
Address of Property:		66735 Spider Lake Rd				City/State/Zip:		715 373-4383	
Contractor:		Self				Contractor Phone:		715 394 5732	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:				Agent Mailing Address (Include City/State/Zip):		Plumber Phone:	
								Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)				PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)	
_____ 1/4, _____ 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
		2							
Section 20, Township 47 N, Range 8 W		Town of:		Treas. Peter		Lot Size		Acreage	
								0.78	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?				Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →				Distance Structure is from Shoreline: _____ feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * Include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 20,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Ceiling</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Prt) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____			<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 46	Width: 38	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(      X      )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(      X      )	
		with Loft	(      X      )	
		with a Porch	(      X      )	
		with (2 <sup>nd</sup> ) Porch	(      X      )	
		with a Deck	(      X      )	
		with (2 <sup>nd</sup> ) Deck	(      X      )	
		with Attached Garage	(      X      )	
	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(      X      )	
	<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(      X      )
<input checked="" type="checkbox"/>		Addition/Alteration (specify) <u>ADDITION &amp; ALTERATION</u>	(      X      )	
<input type="checkbox"/>		Accessory Building (specify) _____	(      X      )	
<input type="checkbox"/>		Accessory Building Addition/Alteration (specify) _____	(      X      )	
<input type="checkbox"/> Municipal Use				
	<input type="checkbox"/>	Special Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Other: (explain) _____	(      X      )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shake Hossain

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_

**Authorized Agent:** \_\_\_\_\_ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

**Recd for Issuance**

Address to send permit: Box 785, Jordan, Lake Road

156212

666 735 Spades, Duke Road  
Don River WI 54847

**If you recently purchased the property send your Recorded Deed**

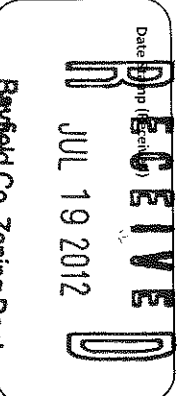
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT, \* AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	12-09160
Date:	7-25-12
Amount Paid:	\$75.00 205
Refund:	7/19/12

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
Bayfield Co. Zoning Dept. HOW TO FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Shawn Miller</u>	Mailing Address: <u>57625 Blaser Rd Mason WI 54856</u>	Telephone:
Address of Property: <u>66140 North Point Rd</u>	City/State/Zip: <u>Iron River WI 54847</u>	Cell Phone:
Contractor:	Contractor Phone: _____	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>04-02424708 214003271000</u>	Recorded Document: (i.e. Property Ownership) <u>Volume 1068 Page(s) 923</u>
<u>1/4, 1/4</u>	Gov't Lot <u>2</u> Lot(s) <u>156</u> CSM <u>10/218</u> Vol & Page	Subdivision: <u>Allison Acres</u>
Section <u>21</u> , Township <u>47</u> N, Range <u>8</u> W	Town of: <u>Iron River</u>	Lot Size _____ Acreage <u>1.81</u>
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: _____ feet Distance Structure is from Shoreline: _____ feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$18,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>C&amp;V</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>32</u>	Width: <u>32</u>	Height: <u>12' 4"</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Garage</u>	( <u>32</u> X <u>32</u> )	<u>1024</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the design and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shawn Miller Date 7-19-12  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Rec'd for Issuance \_\_\_\_\_ Attach  
Address to send permit \_\_\_\_\_ Copy of Tax Statement

JUL 25 2012 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretarial Staff

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

SEE Attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	63' Feet	Setback from the Lake (ordinary high-water mark)	5' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	100' Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	25' Feet		
Setback from the South Lot Line	7' 100' Feet	Setback from Wetland	10' Feet
Setback from the West Lot Line	63' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	100' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	5' 5' Feet	Setback to Well	5' 50' Feet
Setback to Drain Field	5' 100' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 12-0066		Permit Date: 7-25-10			
Is Parcel a Sub-Standard Lot		<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	
Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Affidavit Attached	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: <u>REMOVED Bldg. site is RECOMMENDED BY CODE - INTEREST IN AREA</u>		Zoning District ( )			
ARIZONA <u>SEPTIC REVISIONS</u>		Lakes Classification ( )			
Date of Inspection: 7-22-12		Inspected by: <u>DR</u>		Date of Re-Inspection:	

Condition(s): Town, Committee or Board Conditions Attached? ☒ Yes ☒ No - (If No they need to be attached.)

Signature of Inspector: <u>[Signature]</u>	Date of Approval: 7-24-12		
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
			<input checked="" type="checkbox"/> Verify Data

Lot #1 or #2?

Highway 11

USA

Iron River

North Point Rd

2 miles

Shaun Miller

66140 North Point Drive  
Iron River, WI

Highline wires

ALLISON

LANE

Shaun Miller

LOT 1

LOT 2

LOT 3

No longer  
Easement Rd.

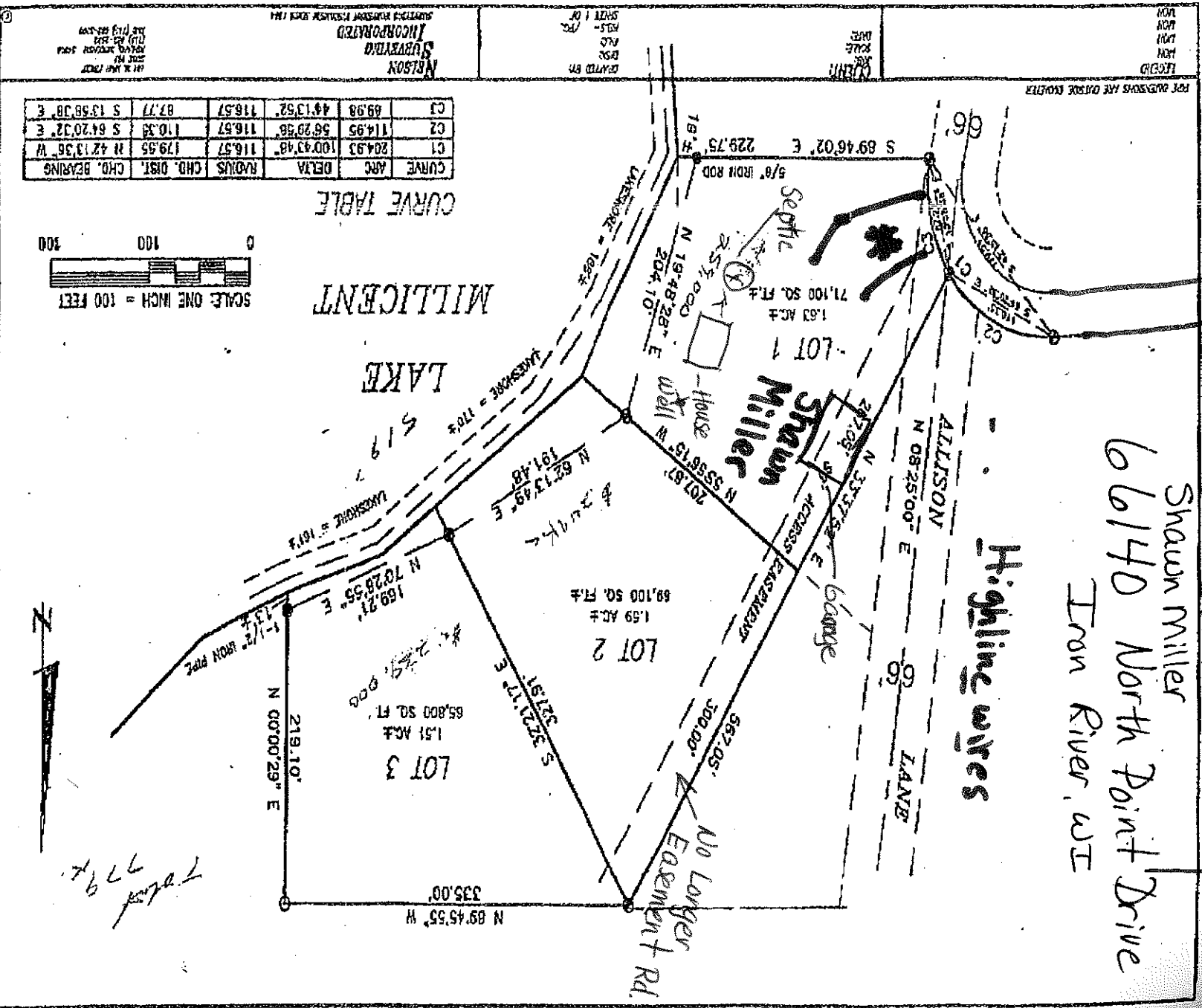
MILLICENT  
LAKE

CURVE	ARC	DELTA	RADIUS	CHD. DIST.	CHD. BEARING
C1	204.93	100.43	116.57	179.55	N 42°13'36" W
C2	114.95	56.29	116.57	110.38	S 64°20'32" E
C3	69.98	44.13	116.57	87.77	S 13°58'38" E

SCALE ONE INCH = 100 FEET  
0 100 200

779X

794-2897





SUBMIT COMPLETED ORIGINAL  
APPLICATION, TAX STATEMENT  
AND FEE TO:

Bayfield County Zoning Department  
P.O. Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUL 10 2012

Bayfield Co. Zoning Dept.

Application No: 10-08100  
Date: 7-25-12 2/24/12  
Zoning District: P75-10 LOS 4th/12  
Amount Paid: \_\_\_\_\_

INSTRUCTIONS: No permits will be issued until all fees are paid.  
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER \_\_\_\_\_  
Use Tax Statement for Legal Description

Legal Description SW 1/4 of NE 1/4 of Section 33 Township 47 North, Range 8 West, Town of Iron River  
Gov't Lot 3 Lot Block Subdivision CSM # Acreage 6

Volume 694 Page 339 of Deeds Parcel I.D. 04.024.2.47.08.33.4.05.003.000

Property Owner Michael J. Walman Contractor TBD (Phone) \_\_\_\_\_

Address of Property 64465 Co Hwy H Plumber \_\_\_\_\_ (Phone) \_\_\_\_\_

Iron River WI 54847 Authorized Agent \_\_\_\_\_ (Phone) \_\_\_\_\_

Telephone 715.372.8216 (Home) 715.372.4518 (Work) Written Authorization Attached: Yes ☐ No ☐

Is your structure in a Shoreland Zone? Yes ☐ No ☒ If Yes, \_\_\_\_\_

Structure: New Addition ☒ Existing \_\_\_\_\_ Distance from Shoreline: greater than 75' ☐ 75' to 40' ☐ less than 40' ☐

Fair Market Value 8000 Square Footage 468 Sanitary: New Existing ☒ Privy \_\_\_\_\_ City \_\_\_\_\_

USE: \_\_\_\_\_ Type of Septic/Sanitary System \_\_\_\_\_

☐ Residence or Principal Structure (# of bedrooms) \_\_\_\_\_ Mobile Home (manufactured date) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Commercial Principal Building \_\_\_\_\_

☐ Residence w/deck-porch (# of bedrooms) \_\_\_\_\_ Commercial Principal Building Addition (explain) \_\_\_\_\_

Residence sq. ft. \_\_\_\_\_ Porch sq. ft. \_\_\_\_\_ Commercial Accessory Building (explain) \_\_\_\_\_

Deck sq. ft. \_\_\_\_\_ Deck(2) sq. ft. \_\_\_\_\_ Commercial Accessory Building Addition (explain) \_\_\_\_\_

☒ Residential Addition / Alteration (explain) covered porch ☐ Commercial Other (explain) \_\_\_\_\_

☐ Residential Accessory Building (explain) \_\_\_\_\_ Special/Conditional Use (explain) \_\_\_\_\_

☐ Residential Accessory Building Addition (explain) \_\_\_\_\_ External Improvements to Principal Building (explain) \_\_\_\_\_

☐ Residential Other (explain) \_\_\_\_\_ External Improvements to Accessory Building (explain) \_\_\_\_\_

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Owner or Authorized Agent (Signature) Michael J. Walman Date 7-8-12

Address to send permit 64465 Co Hwy H ATTACH

Iron River WI 54847 (If you recently purchased the property Attach a Copy of Recorded Deed)

\* See Notice on Back APPLICANT - PLEASE COMPLETE REVERSE SIDE

Permit issued: State Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Date 7-25-12 Permit Number 12-08100 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: Proposed structure at ADD. AS REPRESENTED BY ADX APPEARS TO MEET

APPLICANT'S REQUIREMENTS & THE BY DATE 07-12-12

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # \_\_\_\_\_

Condition: \_\_\_\_\_

Signed [Signature] 7-12-12

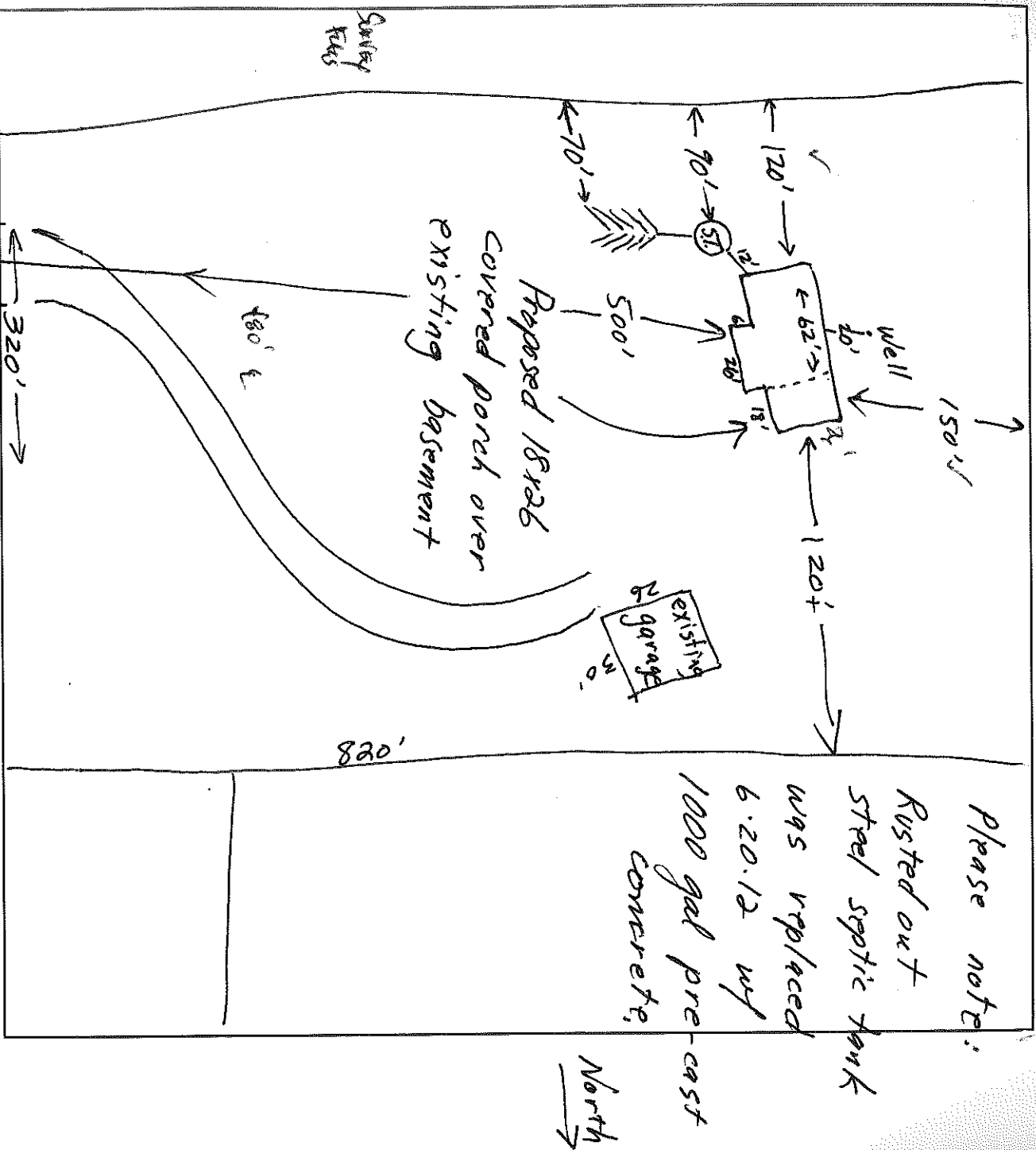
Inspector Date of Approval

Rec'd for Issuance

JUL 25 2012

Secretarial Staff

Lot Line



Name of Frontage Road ( Co. Hwy H )

1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the location, size and dimensions of the structure.
3. Show the location, size and dimensions of attached deck(s), porch(s) or garage.
4. Show the location of the well, holding tank, septic tank and drain field.
5. Show the location of any lake, river, stream or pond if applicable.
6. Show the location of other existing structures.
7. Show the location of any wetlands or slopes over 20 percent.
8. Show dimensions in feet on the following:
  - a. Building to all lot lines ✓
  - b. Building to centerline of road ✓
  - c. Building to lake, river, stream or pond ✓
  - d. Holding tank to closest lot line ✓
  - e. Holding tank to building ✓
  - f. Holding tank to well ✓
  - g. Holding tank to lake, river, stream or pond ✓
  - h. Privy to closest lot line ✓
  - i. Privy to building ✓
  - j. Privy to lake, river, stream or pond ✓
  - k. Septic Tank and Drain field to closest lot line ✓
  - l. Septic Tank and Drain field to building ✓
  - m. Septic Tank and Drain field to well ✓
  - n. Septic Tank, and Drain field to lake, river, stream or pond ✓
  - o. Well to building ✓

**IMPORTANT**  
DETAILED PLOT PLAN  
IS NECESSARY. FOLLOW  
STEPS 1-8 (a-o) COMPLETELY.

\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked.